



# Maricopa County Justice Courts, Arizona

\_\_\_\_\_  
Name of Petitioner/Plaintiff

CASE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Name of Respondent/Defendant

## REQUEST AND ORDER FOR HEARING

Check at least one of the following:

- ☐ I request a hearing on the denial of my supplemental application for waiver or further deferral.
- ☐ I do not agree with the amount of unpaid fees and costs on the itemized statement provided by the court. I request a hearing on the calculation of the unpaid fees and costs.

Date: \_\_\_\_\_ Signature \_\_\_\_\_ Print your name \_\_\_\_\_

The Court completes the following section.

IT IS ORDERED scheduling a hearing on the above matter.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Hearing Officer: \_\_\_\_\_

Date: \_\_\_\_\_ ☐ Judge ☐ Special Commissioner

I CERTIFY that I mailed / handed to applicant:

Date: \_\_\_\_\_ By \_\_\_\_\_  
Clerk